

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90594 035 ****50.00

DOCUMENT # L01000005067

1. Entity Name

HOUSE OF FOLIAGE AND ORCHIDS, L.L.C.

Principal Place of Business

18500 VETEREN HIGHWAY, HERITAGE PLAZA 3
 PORT CHARLOTTE FL 33955

Mailing Address

18500 VETEREN HIGHWAY, HERITAGE PLAZA 3
 PORT CHARLOTTE FL 33955

2. Principal Place of Business

18700 Veterans Blvd.

3. Mailing Address

18700 Veterans Blvd.

Suite, Apt. #, etc.

Suite #5

Suite, Apt. #, etc.

Suite #5

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33954

Country

Zip

33954

Country

4. FEI Number

65-1087795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ABERCROMBIE, WRAY
 16115 SW 117TH AVENUE, SUITE 25
 MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
 NAME: Rachel Renee Kirkus
 STREET ADDRESS: 1071 Victoria N.W.
 CITY-ST-ZIP: Port Charlotte, FL 33948

☐ Delete

TITLE: MGRM
 NAME: Mary Lou Mislou
 STREET ADDRESS: 18470 SW 206 Street
 CITY-ST-ZIP: Miami Florida 33187

☐ Delete

TITLE: MGRM
 NAME: Gregory J. Mislou Jr.
 STREET ADDRESS: 18470 SW 206 Street
 CITY-ST-ZIP: Miami Florida 33187

☐ Delete

TITLE: MGRM
 NAME: Gregory J. Mislou 3RD
 STREET ADDRESS: 18805 SW 208 St.
 CITY-ST-ZIP: Miami Florida 33187

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TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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10. ADDITIONS/CHANGES

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

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 CITY-ST-ZIP:
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rachel Renee Kirkus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/25/02

Daytime Phone #

CR2E083 (9/01)